

Beneficiary Nomination Form

Lifeplan Education Savings Plan

Please **PRINT** clearly in **BLACK** or **BLUE** pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Plan Details

Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Plan Sponsor 1 Surname	<input type="text"/>		
Plan Sponsor 1 Given name(s)	<input type="text"/>		
Student Beneficiary	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

(Note: If you have established a plan for 2 or more students, a separate form will be required for each plan)

2. Declaration

I/We

sponsor(s) of the above plan, hereby revoke all previous nominations of plan guardian made by me/us, and nominate the following person(s) to receive the proceeds of any residual plan investment should my/our current nominated student die after the death of the last surviving joint sponsor in accordance with the governing rules of Lifeplan.

3. Nomination of Plan Beneficiaries (total proceeds must equal 100%)

Beneficiary 1

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Beneficiary 1 Surname	<input type="text"/>		
Beneficiary 1 Given name(s)	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>
Relationship to sponsor	<input type="text"/>	Portion of proceeds %	<input type="text"/> <input type="text"/> <input type="text"/>

Beneficiary 2

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms	<input checked="" type="checkbox"/> Miss	Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Beneficiary 2 Surname	<input type="text"/>														
Beneficiary 2 Given name(s)	<input type="text"/>														
Residential address (not a PO Box)	<input type="text"/>														
Suburb	<input type="text"/>										State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>									
Relationship to sponsor	<input type="text"/>										Portion of proceeds %	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Beneficiary 3

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms	<input checked="" type="checkbox"/> Miss	Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Beneficiary 3 Surname	<input type="text"/>														
Beneficiary 3 Given name(s)	<input type="text"/>														
Residential address (not a PO Box)	<input type="text"/>														
Suburb	<input type="text"/>										State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>									
Relationship to sponsor	<input type="text"/>										Portion of proceeds %	<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Declaration and Signature(s)

I/We confirm that I/we have retained a copy of this form for my files.

Plan Sponsor 1 signature

Name of Plan Sponsor 1

Date / /

Plan Sponsor 2 signature (joint application)

Name of Plan Sponsor 2

Date / /



Return by email

enquiries@australianunity.com.au




Post

(together with any identification documents where relevant)



Australian Unity - Investment Bonds, Reply Paid 93753 Melbourne VIC 8060
(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:
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